

**Your School's Letterhead Here**

***Letter of Revalidation***

***(PLEASE TYPE)***

Student's Name: \_\_\_\_\_  
First Middle Last

Student's Address: \_\_\_\_\_  
Street City State ZIP

Gender: \_\_\_\_\_ Male / \_\_\_\_\_ Female      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

The above named student attended \_\_\_\_\_ School at the time of his/her license invalidation. He/She is (A) enrolled in a full or part-time program of education and (B) has participated for thirty or more days in the program of education. I am requesting re-validation of his/her driving privileges in accordance with Indiana Code 9-24-2-4.

Please re-validate the above individual's driving privileges due to the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important: This form must be completed in its entirety and signed by the principal or his/her appointed representative in order to be processed.**

**Mail to: Driver Improvement/Safety Responsibility Division  
Indiana Government Center North, Room N402  
Indianapolis, IN 46201**

**Inquiries may be directed to: Ja'Net Champagne – (317) 234-5098**